

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mentzer Media			Date of Public Distribution/Dissemination 09 / 27 / 2016		
Mailing Address 600 FAIRMONT AVE, SUITE 306			Amount 873720.48		
City State Zip Code TOWSON MD 21286		Transaction ID : SE1 Date of Disbursement or Obligation 09 / 23 / 2016			
Purpose of Expenditure TV/Media Placement / Radio Placement		Category/Type 			
Name of Federal Candidate Evan Bayh			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought 3811915.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee DMM Media			Date of Public Distribution/Dissemination 09 / 27 / 2016		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount 12611.54		
City State Zip Code Arlington VA 22209		Transaction ID : SE2 Date of Disbursement or Obligation 09 / 27 / 2016			
Purpose of Expenditure TV/Media Production		Category/Type 			
Name of Federal Candidate Evan Bayh			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought 3811915.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			886332.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caleb Crosby</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 09 / 28 / 2016		

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DMM Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016		
Mailing Address 1911 N. Fort Myer Drive Ste 400			Amount 2984.76		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE3		
Purpose of Expenditure Radio Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Name of Federal Candidate Evan Bayh		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		3811915.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2984.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	889316.78

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY
09 / 28 / 2016

Signature